

5. **If either a Corporation or Limited Liability Company, please list members (LLC) or shareholders and officers (Corporation).**

Gregory Wallowitch Jr. _____

6. **Mailing Address**

405 Saude Ave
Street Address
Essington, PA 19029 Delaware
City, State and Zip Code County
610-633-8531 maxedout247@hotmail.com
Telephone Number E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. **Physical Address** (if different from Mailing Address. Do not use a PO Box)

Street Address

City, State and Zip Code

Telephone Number _____
E-mail Address

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address _____
E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

X No _____ Yes, at No. _____

10. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

To transport people from Delaware, Chester, Burks, Bucks, Montgomery to various places in PA and return

Examples:

- *To transport people from points in Berks County to points in PA, and return.*
- *To transport people between points in the counties of Chester, Delaware, and Montgomery.*

11. Certification:

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in limousine service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Gregory R. Wallowitch

Owner

(Print Name)

(Position)



(Signature)

7/7/25

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

Gregory R. Wallowitch

Legal Name of Applicant

Trade Name, if any

405 Saude Ave.	Essington	PA	19029
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

Gregory R. Wallowitch - Owner

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

No affiliation with other company

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

Gregory Wallowitch has worked in the limousine business for 35 years, giving him extensive knowledge of the surrounding areas of Delaware county where he grew up. Gregory Wallowitch has been a private contractor for 14 plus years which he learned how to file business taxes, conduct his own payroll, conduct his own vehicle maintenance, and expand his network outside his employer who provide his current PUC license (Carey Limo).

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

Gregory R. Wallowitch Inc. will be in the home. Info and records will be kept physically and on a laptop which is connected to a printer/scanner. Accounting records will be kept by Paul B. Boston (pboston@bostonassoc.com) is the accountant. The business is one vehicle, and is parked on a dead end low volume road. Maintenance will be done Granite Run GMC. Communication will be done by cell phone.

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
 - a. Your hiring standards for drivers;
 - b. Your system for conducting criminal background checks;
 - c. Your driver training program;
 - d. Your system for conducting driver license checks;
 - e. Your policies regarding alcohol and drug use by your drivers.

Owner will be sole employee as the business will not be large enough to require other employees. Do not intend to expand business outside owner.

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. (Vehicles in limousine service may not be used if the vehicle mileage is greater than 350,000.)

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2022	GMC	Yukon XL	7	1GKS2GKD1NR183377	163,000

*Vehicles with seating capacity of more than ten passengers cannot be used for limousine service.

7. Describe your vehicle safety program. Please include the following in your explanation:
 - a. Your periodic vehicle maintenance plan
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).
 - c. Your system for ensuring that vehicles which no longer meet vehicle mileage requirement shall be replaced in a timely fashion.
 - a. Vehicle is maintained every 7.5k as required by manufacturer.
 - b. Vehicle codes will be updated through computer and issued to servicing facility at time of scheduled maintenance.
 - c. Since the owner will be the sole employee, standards will be kept to replace vehicle every 4 years/350k miles which ever comes first to meet with Carey Limo Standards.
8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

Owner currently has commercial insurance through employer Carry Limousine of Philadelphia, Inc., but is a owner operator and payments are withdrawn directly from business account. This account will be transferred to PUC account once activated.

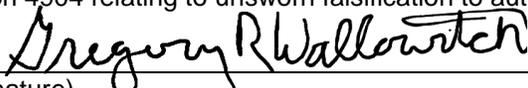
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ YES X NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

 _____ (Signature) Gregory R. Wallowitch - Owner _____ (Name and Title, printed or typed)	7/7/25 _____ (Date)
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Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$28,000	
Other Current Assets (specify)	_____	
Total Current Assets		\$28,000
Tangible Assets		
Motor Vehicle Equipment	\$40,000	
Property (buildings, land, etc.)	_____	
Office Equipment	\$1,200	
TOTAL ASSETS		\$41,200

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$30,000	
Credit cards/revolving credit	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		\$30,000
Long Term Liabilities (Due after one year of date)		
Mortgage	_____	
Long term commercial loan	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		_____
TOTAL LIABILITIES		_____